

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

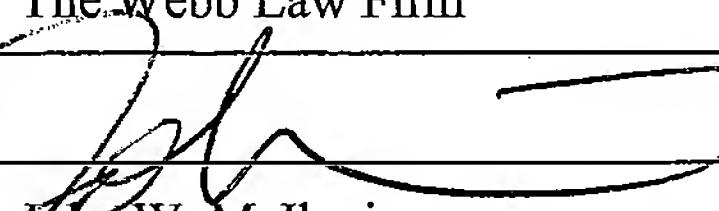
Application Number Filing Date First Named Inventor Art Unit Examiner Name Total Number of Pages in This Submission	10/581,375 11/27/2007 Simon Adriaan Troost 3754 Not Yet Assigned Attorney Docket Number 3135 - 061626
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ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a and one copy of each non-US patent reference listed
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: left;"> <input type="checkbox"/> </div> <div style="flex: 1; text-align: left;"> Claim Fees Previously Paid: Total Claims _____ Total Indpen. Claims _____ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1; text-align: left;"> <input type="checkbox"/> </div> <div style="flex: 1; text-align: left;"> Claim Fees Due (see Fee Transmittal Form) </div> </div>		

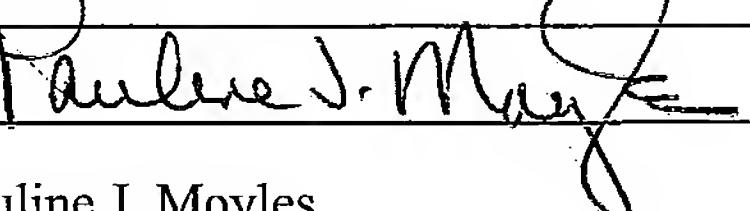
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	John W. McIlvaine		
Date	February 3, 2011	Reg. No.	34,219

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Pauline J. Moyles	Date	February 3, 2011